



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS

MINIMUM WAGE COMPLAINT FORM
Sections 290.500 through 290.530 RSMo

Mail completed form to:
Division of Labor Standards
Attn: Minimum Wage Program
P.O. Box 449, Jefferson City, MO 65102-0449
Phone: 573-751-3403 Fax: 573-751-3721
E-mail: minimumwage@dolir.mo.gov
www.mominimumwage.com

Complainant _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone No. _____ Alternate Telephone No. _____

E-mail Address _____

Type of Complaint *(Please check all appropriate boxes.)*

- ☐ Underpayment of wages
☐ Overtime compensation

Name of Employer _____

Address _____

Telephone No.(s) _____

Website _____

Period employed with this company (month, day, year) From: _____ To: _____

Supporting Documentation *(Please attach the following documents.)*

- ☐ Check stubs/copies of payroll checks
☐ Other information *(any supporting documentation)*

SUMMARY OF COMPLAINT *(Use additional sheet, if necessary.)*

STATEMENT OF VERIFICATION

I, _____ *(print name)*, do hereby affirm under penalties of perjury that the above-stated information is true and correct to the best of my knowledge, information and belief.

_____ COMPLAINT SIGNATURE

Supporting Documents: Please return this form to the Division of Labor Standards with any documentation in support of the complaint. This includes, but is not limited to the following: Name; check stubs; copies of payroll checks; and so forth.